

Craniotomy (CRAN)

Definitions of Data Fields on Supplemental Data Collection Form

Date of operation: Date the operation was performed. This date must match the date of operation entered into the basic surgical patient denominator data entry screen.

Enter date in *MM/DD/YY* format, i.e., *MM* is the number of the month, *DD* is the day, and *YY* is the year. For example, April 15, 1997 is entered as 04/15/97.

Patient ID #: Patient identifier assigned by the hospital and may consist of any combination of no more than 12 letters and/or numbers. This number must match the patient ID # entered into the basic surgical patient denominator data entry screen.

Discharge date: Date the patient was discharged from the hospital.

Enter date in *MM/DD/YY* format, i.e., *MM* is the number of the month, *DD* is the day, and *YY* is the year. For example, April 15, 1997 is entered as 04/15/97.

Patient had a previously inserted intracranial pressure monitoring device in place at the time of this surgery: If patient had an intracranial pressure monitoring device that had been inserted during a previous procedure and was present at the beginning of this craniotomy operation, circle *Y* for yes; otherwise, circle *N* for no.

For reasons other than surgical prophylaxis, patient was on antibiotics at the time of this surgery: If the patient was on antibiotics at the time of this surgery for suspected or confirmed infection at any body site, circle *Y* for yes; otherwise, circle *N* for no.

Patient had cranial radiation treatment within past year: If the patient had radiation treatment to the head within one year of the operation date, circle *Y* for yes; otherwise, circle *N* for no.

Patient had cancer chemotherapy within the past month: If the patient underwent chemotherapy treatment for cancer at any site within the past month, circle *Y* for yes; otherwise, circle *N* for no.

Patient is on long-term (>1 week) steroid therapy: If patient has been on steroid therapy (≥ 10 mg/day of Prednisone or equivalent) for any condition for more than one week prior to the date of operation, circle *Y* for yes; otherwise, circle *N* for no.

Parenteral antibiotic prophylaxis given within 2 hours before skin incision: If the first dose of a parenterally administered (IV or IM) antibiotic(s) is given within two hours before the skin is incised, circle *Y* for yes; otherwise circle *N* for no.

If *Y*, enter the code of the antibiotic *Agent* and the *Dose* in milligrams (*mg*) that was administered. List one or two agents and their dosages. If the dosage exceeds the allotted space of four digits, enter 9999. The names and codes of the antibiotics are on the attached list.

Type of operation: Circle *Primary* if this is the patient's first craniotomy; otherwise circle *Repeat*.